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CONFIRMATION NO. 3421

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|---|---|-------------------------------|---|---|--------------------------------|
| <b>SERIAL NUMBER</b><br>10/690,257  | <b>FILING OR 371(c) DATE</b><br>10/21/2003<br><b>RULE</b>   | <b>CLASS</b><br>706           | <b>GROUP ART UNIT</b><br>2129   | <b>ATTORNEY DOCKET NO.</b><br>92717-345USP1 |                                |
| <b>APPLICANTS</b><br>Oscar A. Chappel, Odessa, FL;  |   |                               |   |   |                                |
| <b>** CONTINUING DATA *****</b><br>This application is a CIP of 10/336,104 01/03/2003 and is a CIP of 09/859,320 05/16/2001   |   |                               |   |   |                                |
| <b>** FOREIGN APPLICATIONS *****</b>  |   |                               |   |   |                                |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b><br>01/20/2004   |   |                               |   |   |                                |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Verified and Acknowledged <u>                    </u> Examiner's Signature <u>                    </u> Initials |   | <b>STATE OR COUNTRY</b><br>FL | <b>SHEETS DRAWING</b><br>7  | <b>TOTAL CLAIMS</b><br>21                   | <b>INDEPENDENT CLAIMS</b><br>3 |
| <b>ADDRESS</b><br>Stanley R. Moore, Esq.<br>Jenkins & Gilchrist, P.C.<br>Suite 3200<br>1445 Ross Avenue<br>Dallas, TX75202-2799   |   |                               |   |   |                                |
| <b>TITLE</b><br>Method of and system for rules-based population of a knowledge base used for medical claims processing  |   |                               |   |   |                                |
| <b>FILING FEE RECEIVED</b><br>1132  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |   |                                |